



VA MARYLAND HEALTH CARE SYSTEM (512)
STATEMENT OF MEDICAL CARE COST RECOVERY ACCOUNT ACTIVITY

PERRY POINT FACILITY
PERRY POINT MD 21902-9999

1 For questions about your account
please phone 1-800-949-1003 X1146

For written inquiries concerning your account please send them to the MCCR Office at the facility address above. For information regarding your rights and obligations on charges owed the United States Government, Please refer to paragraph(s) on reverse of this statement.

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Our MCCR Customer Service Representatives are available to answer questions between 7 a.m. and 5 p.m. Monday through Friday.

2 Payments received after 07/01/2002 will be reflected on your next statement.

3

Patient Name:

Account No. 512

Statement Date: 07/05/2002

TRANSACTION POSTED	DESCRIPTION	AMOUNT	BILLING REFERENCE
4 06/03/2002	UNSUSPENDED	50.80	512-K
06/03/2002	UNSUSPENDED	50.80	512-K
06/03/2002	UNSUSPENDED	100.08	512-K
06/11/2002	PAYMENT (IN PART) (06/10/2002)	22.00-	512-K
06/14/2002	COPY RX:2919505 FD:06/13/2002 DRUG:RANITIDINE 150MG TAB DAYS:90 QTY:180 PHY:TITANJII, RUDOLF N CHG:\$21.00	21.00	512-K
06/14/2002	COPY RX:2827088A FD:06/13/2002 DRUG:SIMVASTATIN 40MG TAB (ZOCOR) DAYS:90 QTY:45 PHY:TITANJII, RUDOLF N CHG:\$21.00	21.00	512-K
06/14/2002	COPY RX:2919509 FD:06/13/2002 DRUG:PRPAFENONE 150MG TAB DAYS:90 QTY:180 PHY:TITANJII, RUDOLF N CHG:\$21.00	21.00	512-K
06/25/2002	COPY RX:2837294 FD:06/22/2002 DRUG:FELODIPINE 2.5MG SR TAB (PLENDIL) DAYS:90 QTY:90 PHY:RAMESH, MUTHULAKSHMI CHG:\$21.00	21.00	512-K
07/02/2002	EXEMPT INT/ADM. COST	.73-	512-K
07/02/2002	PAYMENT (IN PART) (07/01/2002)	7.00-	512-K
	INTEREST/ADM. CHARGE (Int:1.32 Adm:0.50 other:0.00	1.82	
Summary of Monthly Activity			

	Summary of Account Activity		
PREVIOUS BALANCE	TOTAL CHARGES	TOTAL CREDIT PAYMENT	CURRENT BALANCE
29.00	287.50	29.73-	286.77

PLEASE DETACH THIS STUB AND RETURN WITH PAYMENT

ACCOUNT NUMBER 512

STATEMENT DATE 07/05/2002

AMOUNT DUE	286.77
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DUE DATE DUE UPON RECEIPT

AMOUNT ENCLOSED _____

Please make check or money order payable to the "Department of Veterans Affairs" and send payment to "Remit To:" address below. Please include account number on check or money order.

512**512231287297TRACE**00000000000000286773

Remit To: [REDACTED]
DEPARTMENT OF VETERANS AFFAIRS
PO BOX 530269
ATLANTA GA 30353-0269